10/15/2009 11:35

Image# 29934884978

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC) ONE MASSACHUSETTS AVE NW SUITE 800 ADDRESS (number and street) Check if different than previously WASHINGTON DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00172833 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 09 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael R. McLeod Type or Print Name of Treasurer Electronically Filed by Michael R. McLeod 10 15 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 26

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

D <sup>®</sup> D 0 1 07 2009 0.9 30 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 48824.32 January 1 (b) Cash on Hand at 77069.62 Begining of Reporting Period ..... 28647.00 112992.30 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 105716.62 161816.62 6(a) and 6(c) for Column B) ..... 23147.62 79247.62 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 82569.00 82569.00 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

,

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE OF RECEIPTS**

3 / 26 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

м м 0 7 0 1 м°м 0 9 3 0 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 16005.00 64995.00 (i) Itemized (use Schedule A) ...... 12585.00 47870.00 (ii) Unitemized ..... (iii) TOTAL (add 28590.00 112865.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 28590.00 112865.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 57.00 127.30 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 28647.00 112992.30 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 28647.00 112992.30

(subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 26

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		Į.
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	23000.00	79000.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
(	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	147.62	247.62
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(1) 1 000101 011010	2.22	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23147.62	79247.62
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	00147.00	70047.00
	from Line 31)	23147.62	79247.62

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 26

III. Net (	Contributions/Operating	COLUMN A	COLUMN B
	Expenditures	Total This Period	Calendar Year-to-Date
	utions (other than loans) d), page 3)	28590.00	112865.00
	ution Refunds (d))	0.00	0.00
	ons (other than loans) a 34 from Line 33)	28590.00	112865.00
	Operating Expenditures a)(i) and Line 21(b))	0.00	0.00
•	erating Expenditures , page 3)	0.00	0.00
8. Net Operating (subtract Line	Expenditures 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 26 (check only one)    X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF CRO	P INSURER	S POLITICAL ACTION COM	IMITTEE (AACI PAC)
Α.	Full Name (Last, First, Middle Initial)  Mark W. Anderson  Mailing Address PO Box 49			Date of Receipt
	City	State	Zip Code	0 7 2 1 2 0 0 9  Transaction ID: SA11Al.6202
	Burns	WY	82053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Burns Insurance Agency	Occupation Agent	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Jack Becker			Date of Receipt
	Mailing Address Box 274			07 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.6181
	Dutton  FEC ID number of contributing federal political committee.	C	59433	Amount of Each Receipt this Period  245.00
	Name of Employer Becker Ins Agency	Occupation Insurance		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 245.00	
с. С.	Full Name (Last, First, Middle Initial) Harry C. Daisey			Date of Receipt
	Mailing Address 6291 Baker Road			09 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.6247
	Seaford  FEC ID number of contributing federal political committee.	C	19973	Amount of Each Receipt this Period 495.00
	Name of Employer Daisey Insurance Inc.	Occupation Owner	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 495.00	
	SUBTOTAL of Receipts This Page (optional)			990.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CRO	P INSURER	S POLITICAL ACTION COM	IMITTEE (AACI PAC)
Α.	Full Name (Last, First, Middle Initial)  Dwight Deboer			Date of Receipt
	Mailing Address PO Box 306  City	State	Zip Code	07 28 2009
	Lafayette	MN	56054	Transaction ID: SA11AI.6254  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Community Insurance Agency	Occupation Agent	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Lori Denney			Date of Receipt
	Mailing Address 1360 Richland Road			07 14 2009
	City	State	Zip Code	Transaction ID: SA11Al.6229
	Yuba City  FEC ID number of contributing federal political committee.	CA	95993	Amount of Each Receipt this Period 250.00
	Name of Employer Self employed	Occupation Insurance		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Hank Dicke			Date of Receipt
	Mailing Address 1227 Pamala			09 / 29 / 2009
	City Holdrege	State NE	Zip Code	Transaction ID: SA11AI.6198
	FEC ID number of contributing federal political committee.	C	68949	Amount of Each Receipt this Period  245.00
	Name of Employer Agro National	Occupatio Marketin		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 245.00	
	SUBTOTAL of Receipts This Page (optional) .			995.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 26 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF CRC	P INSURERS P	OLITICAL ACTION COM	IMITTEE (AACI PAC)
Α.	Full Name (Last, First, Middle Initial)  Robert Eynon  Mailing Address PO Box 2421			Date of Receipt
	City	State	Zip Code	0 7 0 4 2 0 0 9  Transaction ID: SA11Al.6235
	Williston	ND	58802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Robert J. Eynon Agency	Occupation Agent		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
_ В.	Full Name (Last, First, Middle Initial) Robert Fleece	1		Date of Receipt
	Mailing Address 4775 N 625 W			07 14 2009
	City	State	Zip Code	Transaction ID: SA11AI.6262
	North Salem  FEC ID number of contributing federal political committee.	C	46165	Amount of Each Receipt this Period 500.00
	Name of Employer Fleece Insurance, Inc.	Occupation Owner		
	Receipt For:  Primary  General  Other (specify)	Aggregate Ye	ar-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Micky D. Freeman			Date of Receipt
	Mailing Address PO Box 336			07 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.6227
	Edneyville  FEC ID number of contributing federal political committee.	NC C	28727	Amount of Each Receipt this Period 250.00
	Name of Employer ArmTech	Occupation Agent		
	Receipt For:  Primary General  Other (specify) ▼	<del>_ '                                   </del>	ear-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
卜	TOTAL This Period (last page this line numbe		<u> </u>	

TRERS POLITICAL ACTION COMPANY PROBLEM TO THE PROBLEM TO THE POLITICAL ACTION COMPANY	Date of Receipt  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt this Period  Date of Receipt  Date of Receipt this Period  Date of Receipt this Period
tate Zip Code X 79250  Supation ent gregate Year-to-Date ▼  245.00  tate Zip Code O 64064	Date of Receipt    M   M   D   D   Q   Q   Q   Q   Q   Q   Q   Q
x 79250  Supation ent gregate Year-to-Date ▼  245.00  sate Zip Code O 64064	Transaction ID: SA11AI.6187  Amount of Each Receipt this Period  245.00  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
x 79250  Supation ent gregate Year-to-Date ▼  245.00  sate Zip Code O 64064	Date of Receipt  Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
cupation ent gregate Year-to-Date  245.00  cate Zip Code O 64064	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ent gregate Year-to-Date ▼  245.00  tate Zip Code IO 64064	Transaction ID: SA11AI.6258  Amount of Each Receipt this Period
gregate Year-to-Date ▼  245.00  tate Zip Code  IO 64064	Transaction ID: SA11AI.6258  Amount of Each Receipt this Period
O 64064	Transaction ID: SA11AI.6258  Amount of Each Receipt this Period
O 64064	Transaction ID: SA11AI.6258  Amount of Each Receipt this Period
O 64064	Amount of Each Receipt this Period
cupation	
ent	
gregate Year-to-Date ▼ 500.00	
	Date of Receipt
ate Zip Code	0 7 0 4 2 0 0 9  Transaction ID: SA11AI.6178
D 57004	Amount of Each Receipt this Period
	220.00
•	
gregate Year-to-Date ▼ 220.00	
	965.00
j	cupation juster gregate Year-to-Date ▼

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 26 (check only one)    X   11a
\ C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF CRO	P INSURERS	S POLITICAL ACTION COM	MMITTEE (AACI PAC)
<u>ہے</u> 4.	Full Name (Last, First, Middle Initial) Leroy Adam Hamann			Date of Receipt
	Mailing Address 3435 Borderline Dr			07 07 2009
	City	State IL	Zip Code	Transaction ID: SA11AI.6237
	Belleville FEC ID number of contributing federal political committee.	C	62221	Amount of Each Receipt this Period 250.00
	Name of Employer Self employed	Occupatio		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Jeff Hastings			Date of Receipt
	Mailing Address 2727 W 2nd Suite 10	6		07 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.6268
	Hastings FEC ID number of contributing federal political committee.	NE C	68901	Amount of Each Receipt this Period  245.00
	Name of Employer NAU Country Insurance	Occupatio Agent	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 245.00	
_ :	Full Name (Last, First, Middle Initial) Ronald Heal	1		Date of Receipt
	Mailing Address 25456 Esmond Road			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Malta	State IL	Zip Code 60150	Transaction ID: SA11AI.6241
	FEC ID number of contributing federal political committee.	C	00130	Amount of Each Receipt this Period  250.00
	Name of Employer Self-employed	Occupatio Insuranc		
	Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 250.00	
Γ		1		745.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 11 / 26 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the such as a such	Statements may not be name and address o	e sold or used by any person f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CRO	P INSURERS POL	ITICAL ACTION COM	IMITTEE (AACI PAC)
۷.	Full Name (Last, First, Middle Initial) Tom Healy			Date of Receipt
	Mailing Address PO Box 2150	01-1 7	. 0. 1.	07 07 2009
	City Havre		p Code 9501	Transaction ID: SA11AI.6239  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Koefod Insurance Agency	Occupation Agent		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) David A. Heatherly			Date of Receipt
	Mailing Address 9444 Boyne City Road			09 / 29 / 2009
	City		p Code	Transaction ID: SA11AI.6267
	Charlevoix  FEC ID number of contributing federal political committee.	MI 4	9720	Amount of Each Receipt this Period 995.00
	Name of Employer Glencoe U.S. Holdings	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 995.00	
_	Full Name (Last, First, Middle Initial) Connie S. Hoff			Date of Receipt
	Mailing Address 313 6th Street, NW			07 07 2009
	City		p Code	Transaction ID: SA11Al.6232
	Adams FEC ID number of contributing federal political committee.	MN 5	5909	Amount of Each Receipt this Period  250.00
	Name of Employer Farmers State Agency of Adams	Occupation Vice President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1495.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 26 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Renee Huber Mailing Address 202 Out Street  City Wimbledon  FEC ID number of contributing federal political committee.  Name of Employer Tri-County Insurance  Receipt For: Primary General Other (specify)	State Zip Code ND 58492  C  Occupation Agent  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Phil Ivans Mailing Address 910 W Encore Dr  City Hanford FEC ID number of contributing federal political committee.  Name of Employer Ivans Insurance Agency	State Zip Code CA 93230  C  Occupation Sales	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Debra I. Janson  Mailing Address 4202 Summer Fie	Aggregate Year-to-Date ▼ 250.00	Date of Receipt
City Champaign  FEC ID number of contributing federal political committee.  Name of Employer NAU Country Insurance  Receipt For:	State Zip Code IL 61822  C Occupation Agent Aggregate Year-to-Date	Transaction ID: SA11AI.6207  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (option	250.00	750.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 26 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercia	al purposes, other than using th OMMITTEE (In Full)	e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ast, First, Middle Initial)	F INSUREN	S POLITICAL ACTION COM	Date of Receipt
-	ess 3220 Monroe			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Galena</u>		State KS	Zip Code 66739	Transaction ID: SA11AI.6206  Amount of Each Receipt this Period
	oer of contributing al committee.	C		250.00
Name of Emp NAU Country	oloyer y Insurance	Occupatio Agent	n	
Receipt For: Primary Other (	y General specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 250.00	
Full Name (L Ralph C. Johr	ast, First, Middle Initial)	1		Date of Receipt
Mailing Addre	ess 219 E 15th Avenue			07 04 2009
City		State	Zip Code	Transaction ID: SA11AI.6204
Redfield		SD	57469	Amount of Each Receipt this Period
	per of contributing cal committee.	С		250.00
Name of Emp Self employe	oloyer d	Occupatio Insuranc		
Receipt For: Primary Other (	y General specify) <del>▼</del>	Aggregate	e Year-to-Date ▼ 250.00	]
Full Name (La Jon King	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ess 1907 Cypress St			09 29 2009
City Higginsville		State MO	Zip Code 64037	Transaction ID: SA11AI.6191  Amount of Each Receipt this Period
FEC ID numb	per of contributing all committee.	C		245.00
Name of Emp CGB Diversit Inc	ployer fied Services	, '	Manager	
Receipt For: Primary Other (	y General specify) ▼	Aggregate	e Year-to-Date ▼ 245.00	
CURTOTAL of	Receipts This Page (optional)			745.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14 / 26   (check only one)     X   11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CR			
Full Name (Last, First, Middle Initial) De Lee Boyd Knudson			Date of Receipt
Mailing Address 621 Broadway			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Centerville	State SD	Zip Code	Transaction ID: SA11AI.6231
FEC ID number of contributing federal political committee.	C	57014	Amount of Each Receipt this Period 250.00
Name of Employer Knudson & Preheim, Inc.	Occupation Agent	n	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Merlyn Kuhl			Date of Receipt
Mailing Address PO Box 483			07 28 2009
City Osmond	State NE	Zip Code 68765	Transaction ID: SA11AI.6266
FEC ID number of contributing federal political committee.	C	66763	Amount of Each Receipt this Period
Name of Employer New Frontier Insurance	Occupation Agent	n	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dusty Lynch			Date of Receipt
Mailing Address 5010 S. Loop 340			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Waco	State TX	Zip Code 76706	Transaction ID: SA11AI.6248
FEC ID number of contributing federal political committee.	C	76706	Amount of Each Receipt this Period 495.00
Name of Employer ArmTech	Occupation Agent	n	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 495.00	
SUBTOTAL of Receipts This Page (optional	<u>I</u>		1745.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 26 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CRO	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James W. Nielsen Mailing Address 404 Linden Drive			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City  Madison  FEC ID number of contributing federal political committee.	State SD	Zip Code 57042	Transaction ID: SA11Al.6225  Amount of Each Receipt this Period  250.00
Name of Employer Nielsen Crop Insurance  Receipt For: Primary General Other (specify)	Occupation Agent	n Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Diane Norton Mailing Address 5865 Victoria Way  City	State	Zip Code	Date of Receipt  0 7 1 4 2 0 0 9
Atwater  FEC ID number of contributing federal political committee.	CA C	95301	Transaction ID: SA11AI.6260  Amount of Each Receipt this Period  500.00
Name of Employer Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Insurance Aggregate		
Full Name (Last, First, Middle Initial) Scott Oliva Mailing Address PO Box 218	<u> </u>		Date of Receipt
City  Milligan  FEC ID number of contributing federal political committee.	State NE	Zip Code 68406	Transaction ID: SA11AI.6189  Amount of Each Receipt this Period  245.00
Name of Employer Oliva Insurance Agency  Receipt For:  Primary  General	Occupation Owner Aggregate	Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		245.00	995.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 26 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
AMERICAN ASSOCIATION OF CRO	OP INSURERS	S POLITICAL ACTION COM	MITTEE (AACI PAC)
Full Name (Last, First, Middle Initial) Lyle Opland			Date of Receipt
Mailing Address 3215 4th St SW #12	Otata	75.00-15	07 07 2009
City	State	Zip Code	Transaction ID: SA11AI.6193
Minot	ND	58701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		245.00
Name of Employer Self-employed	Occupation Insurance		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	245.00	
Full Name (Last, First, Middle Initial) Bert D Owens	1		Date of Receipt
Mailing Address PO Box 728			07 14 2009
City	State	Zip Code	Transaction ID: SA11AI.6226
Red Bluff	CA	96080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NAU Country Insurance	Occupation Agent	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dale Perry			Date of Receipt
Mailing Address 10596 - 24th Ave.			07 21 7 2009
City	State	Zip Code	Transaction ID: SA11Al.6245
Eau Claire	WI	54703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Great American Ins. Co	Occupation Marketing	n g Manager	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	]
SUBTOTAL of Receipts This Page (optional)			845.00

TOTAL This Period (last page this line number only) .....

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 26 (check only one)    X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CRO	P INSURERS	S POLITICAL ACTION COM	IMITTEE (AACI PAC)
Α.	Full Name (Last, First, Middle Initial) Doug Petersen			Date of Receipt
	Mailing Address Hwy 200, Box 256	Ctata	7: O. d.	07 04 2009
	City Finley	State ND	Zip Code 58230	Transaction ID: SA11AI.6264  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Citizens Insurance Agency	Occupatio Agent	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Michael Podolak			Date of Receipt
	Mailing Address 843 Riverbend Rd			09 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.6215
	Oxbow	ND	58047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Podolak & Associates	Occupatio Owner/A		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
c. –	Full Name (Last, First, Middle Initial) Dennis Reynolds			Date of Receipt
	Mailing Address 1638 E Houston			07
	City	State	Zip Code	Transaction ID: SA11AI.6250
	Fresno	CA	93720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self employed	Occupatio Insuranc	e agent	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
r	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 26 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis K. Samuelson Mailing Address 600 Johnson  City Jewell	State Zip Code IA 50130	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer Drake Ins & Financial Svcs  Receipt For:  Primary General Other (specify)	Occupation Agent  Aggregate Year-to-Date   250.00	250.00
Full Name (Last, First, Middle Initial) Brian Shouse Mailing Address 1025 State Route 2  City Morganfield  FEC ID number of contributing	State Zip Code KY 42437	Date of Receipt  0 7 28 2009  Transaction ID: SA11AI.6252  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Farmer agent  Aggregate Year-to-Date   500.00	500.00
Full Name (Last, First, Middle Initial) Russel Slade Mailing Address 1091 N. Dockweile City	er Rd State Zip Code	Date of Receipt  0 7 0 6 2 0 0 9  Transaction ID: SA11AI.6200
Cordele  FEC ID number of contributing federal political committee.	GA 31015	Amount of Each Receipt this Period 245.00
Name of Employer Diversified Insurance Svcs Receipt For:	Occupation Agent  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	245.00	]
SUBTOTAL of Receipts This Page (option	al)	995.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 26 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to OP INSURERS POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis R. Stang Mailing Address PO Box J  City New England  FEC ID number of contributing federal political committee.  Name of Employer Centennial Ins Agency Inc  Receipt For: Primary General Other (specify)	State Zip Code ND 58647  C  Occupation Agent  Aggregate Year-to-Date  250.00	Date of Receipt  M M C 24 2009  Transaction ID: SA11AI.6211  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Carl A. Stillwell Mailing Address 1450 Whyler Rd  City Yuba City  FEC ID number of contributing federal political committee.  Name of Employer Sierra Valley Ins Svcs Inc  Receipt For: Primary General Other (specify)	State Zip Code CA 95993  C  Occupation Agent  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) G.C. Tatum, III Mailing Address PO Box 258  City Mer Route  FEC ID number of contributing federal political committee.  Name of Employer Tatum's Insurance  Receipt For: Primary General Other (specify)	State Zip Code LA 71261  C  Occupation Agent  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	750.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 26 (check only one)    X   11a
A 0	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF CRO	OP INSURER	S POLITICAL ACTION COM	MITTEE (AACI PAC)
	Full Name (Last, First, Middle Initial)  Monty VanderBeek  Mailing Address 18412 East Louise A	VO		Date of Receipt
	10412 Last Louise A	IVE		08 07 2009
	City	State	Zip Code	Transaction ID: SA11AI.6256
	Escalon	CA	95320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Western States Crop Insur- ance	Occupation Agent	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Randy Walker	1		Date of Receipt
	Mailing Address 1533 Hwy 178			07 / 07 / 2009
	City	State	Zip Code	Transaction ID: SA11Al.6217
	Potts Camp	MS	38659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Agland Insurance Svcs	Occupation Agent	on	
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dale Ward			Date of Receipt
	Mailing Address 133 Glen Oaks Dr			09 / 29 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.6195
	Council Bluffs	<u>IA</u>	51503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		245.00
	Name of Employer Agro National	Occupation Agent	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_ [
	Primary General Other (specify) ▼		245.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		995.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 26 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CROF	tatements may not be sold or used by any personame and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Watson Mailing Address 129 Longwood Dr		Date of Receipt
City Papillion FEC ID number of contributing	State Zip Code NE 68133	Transaction ID: SA11AI.6185  Amount of Each Receipt this Period
federal political committee.  Name of Employer Agro National	Occupation VP-CFO	245.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  245.00	
Full Name (Last, First, Middle Initial) Brian D. Wolff  Mailing Address 65810 145th Street		Date of Receipt  0 7 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6269
Adams  FEC ID number of contributing federal political committee.	MN 55909	Amount of Each Receipt this Period  250.00
Name of Employer NAU Country Insurance	Occupation Agent	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Tina Wood		Date of Receipt
Mailing Address 403 2nd SE		0 7 1 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6243
Joplin  FEC ID number of contributing federal political committee.	MT 59531	Amount of Each Receipt this Period 250.00
Name of Employer Wood Enterprises, Inc.	Occupation Insurance agent	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	<u> </u>	
SUBTOTAL of Receipts This Page (optional)		745.00

IT			separate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENT	S for ea	ich category of the led Summary Page	(check only	y one)   22       23     24     25
				27	28a 28b 28c 29
	/ Information copied from such Reports a or commercial purposes, other than using				
<u> </u>	NAME OF COMMITTEE (In Full)	,			
<u>/</u>	AMERICAN ASSOCIATION OF CI	ROP INSURER	S POLITICAL AC	CTION COMMI	TTEE (AACI PAC)
	Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRE	SS COMMITTE	Ε		Transaction ID: SB23.6164 Date of Disbursement
	Mailing Address POST OFFICE E PO BOX 28001	3OX 28001			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix}  \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix}  \begin{bmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} $
	City RALEIGH	State NC	Zip Code 27611		Amount of Each Disbursement this Period
	Purpose of Disbursement				1000.00
	Candidate Name BOB ETHERIDGE			Category/ Type	
	Office Sought: X House Senate President	Disbursement Fo			
	State: NC District: 02	Other (	specify) 🔻		
	Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS				Transaction ID: SB23.6167 Date of Disbursement
	Mailing Address PO Box 6220				09 7 23 7 2009
	City Des Moines	State IA	Zip Code 50309		Amount of Each Disbursement this Perio
					Amount of Each Disbursement this Perio
	Des Moines			Category/ Type	
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate	Disbursement Fo	50309  or: 2010  y X General		
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House	Disbursement Fo	50309 or:2010		
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate President	Disbursement Fo	50309  or: 2010  y X General		Transaction ID: SB23.6166 Date of Disbursement
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate President State: IA District: 03  Full Name (Last, First, Middle Initial)	Disbursement Fo	50309  or: 2010  y X General		Transaction ID: SB23.6166
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate President State: IA District: 03  Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS  Mailing Address P.O. Box 15703	Disbursement Fo	50309  or: 2010  y X General		Transaction ID: SB23.6166 Date of Disbursement  M 9 M / D 3 D / Y Y Y O Y 9 Y  Amount of Each Disbursement this Perio
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate President State: IA District: 03  Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS  Mailing Address P.O. Box 15703 P.O. Box 15703 City	Disbursement For Primary Other (	50309  or: 2010 y X General specify) ▼  Zip Code		Transaction ID: SB23.6166 Date of Disbursement  M M M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate President State: IA District: 03  Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS  Mailing Address P.O. Box 15703 P.O. Box 15703 City Tallahassee	Disbursement For Primary Other (	50309  or: 2010 y X General specify) ▼  Zip Code		Transaction ID: SB23.6166 Date of Disbursement  M 9 M / D 3 D / Y Y Y O Y 9  Amount of Each Disbursement this Period
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate President State: IA District: 03  Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS  Mailing Address P.O. Box 15703 P.O. Box 15703 City Tallahassee Purpose of Disbursement  Candidate Name	Disbursement For Other (	50309  or: 2010  y X General specify) ▼  Zip Code 32317	Type  Category/	Transaction ID: SB23.6166 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Des Moines Purpose of Disbursement  Candidate Name LEONARD L. BOSWELL  Office Sought: X House Senate President State: IA District: 03  Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS  Mailing Address P.O. Box 15703 P.O. Box 15703 City Tallahassee Purpose of Disbursement  Candidate Name F ALLEN JR BOYD  Office Sought: X House Senate	Disbursement For Other (	zip Code 32317  Zip Code 32617	Type  Category/	Transaction ID: SB23.6166 Date of Disbursement  M 9 M / D 3 D / Y Y Y O Y 9  Amount of Each Disbursement this Period

FE6AN026

Use separate schedule(s)   Use schedule(s)   Use schedule(s)   Use schedule(s)   Use schedule(s)   Use schedule(s)   Use sched	Transaction ID: SB2.3.6  Amount of Each Disbursement  Candidate Name  K MICHAEL CONAWAY  Office Sought:  X House  ConAWAY FOR CONGRESS  Disbursement  Candidate Name  K MICHAEL CONAWAY  Office Sought:  X House  Senate  President  State: TX  District: 11  Full Name (Last, First, Middle Initial)  CONAWAY FOR CONGRESS  Disbursement  Disbursement For:  Candidate, First, Middle Initial)  CONAWAY FOR CONGRESS  Disbursement  Disbursement For:  Candidate, Senate  President  State: TX  District: 11  Full Name (Last, First, Middle Initial)  CONAWAY FOR CONGRESS  Date of Disbursement  Transaction ID: SB23.6  Date of Disbursement	29 Intributions ommittee
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Purpose of Disbursement Condidate Name K MICHAEL CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City City City Midland TX 79710  Condidate Name K MICHAEL CONAWAY FOR CONGRESS  Mailing Address Molifor Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address Molifor Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address Molifor Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Transaction ID: SB23.6169 Date of Disbursement  Cardidate Name K MICHAEL CONAWAY Office Sought: X House Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) File NDS OF BENNIET HOMPSON  Mailing Address PO Box 100 P.O. Box 100 Purpose of Disbursement Candidate Name ENNIET of Senate President Candidate Name Category' Type  Disbursement For: 2010 Amount of Each Disbursement this Perior Transaction ID: SB23.6171 Date of Disbursement  O'7 " ' 3 3 0' ' 2 0 0 9'  Amount of Each Disbursement this Perior  Transaction ID: SB23.6171 Date of Disbursement  O'7 " ' 3 3 0' ' 2 0 0 9'  Amount of Each Disbursement this Perior  Transaction ID: SB23.6171 Date of Disbursement  O'7 " ' 3 3 0' ' 2 0 0 9'  Amount of Each Disbursement this Perior  Type  Office Sought: X House President Disbursement For: 2010 Type Date of Disbursement  O'7 " ' 3 3 0' ' 2 0 0 9'  Type  Office Sought: X House President Disbursement For: 2010 Type Date of Disbursement  O'7 " ' 3 3 0' ' 2 0 0 9'  Type  Transaction ID: SB23.6169  Amount of Each Disbursement this Perior  Type  Office Sought: X House President Disbursemen	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from su	2 0 0 9 V enent this Period 1000.00
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Purpose of Disbursement  Candidate Name Rith First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Purpose of Disbursement  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City Midland TX 79710  Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY  Office Sought: X House President State: TX District: 11  Full Name (Last, First, Middle Initial) Fill Name (Last, First, Middle Initial)	NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City State Zip Code Midland TX 79710  Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY  Office Sought: X House Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Transaction ID: SB23.6  Date of Disbursement  Category/ Type  Other (specify) ▼  Transaction ID: SB23.6  Date of Disbursement  Transaction ID: SB23.6  Date of Disbursement  Transaction ID: SB23.6  Date of Disbursement	2 0 0 9 Y nent this Period 1000.00
Mailing Address PO Box 51272  City State Zip Code Midland TX 79710  Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY  Office Sought: X House President Other (specify) ▼  City Search President Other (specify) ▼  Category' Type  Other (specify) ▼  Category' Type  Other (specify) ▼  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Perior Type  Transaction ID: SB23.6169  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Perior Type  Other (specify) ▼  Amount of Each Disbursement this Perior Type  Transaction ID: SB23.6169  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: SB23.6169  Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.6169  Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.6169  Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.6169  Date of Disbursement this Perior Type  Other (specify) ▼  Transaction ID: SB23.6171  Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.6171  Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.6171  Date of Disbursement  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Perior Type  Other (specify) ▼  Other (specify) ▼  Transaction ID: SB23.6171  Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.6171  Date of Disbursement  Other (specify) ▼	CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City State Zip Code Midland TX 79710  Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY  Office Sought: X House Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Date of Disbursement  Category/ Type  Category/ Type  Category/ Type  Transaction ID: SB23.6  Date of Disbursement  Transaction ID: SB23.6  Date of Disbursement	<sup>Y</sup> 2 0 0 9 <sup>Y</sup> nent this Period 1000.00
City	City State Zip Code Midland TX 79710  Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY  Office Sought: X House Senate President President Other (specify) ▼  State: TX District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Transaction ID: SB23.6 Date of Disbursement Mod Mod No Poly (1997) 1	nent this Period
Midland Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY  Office Sought:	Midland  Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY  Office Sought: X House Senate President State: TX  District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Transaction ID: SB23.6  Date of Disbursement	1000.00
Candidate Name K MICHAEL CONAWAY  Office Sought:	Candidate Name K MICHAEL CONAWAY  Office Sought:  Senate President President State: TX  District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Category/ Type  Category/ Type  Category/ Type  Other (specify) ▼  Transaction ID: SB23.6  Date of Disbursement	3169
Milling Address Po Box 51272  City Michael Conaway  Candidate Name (Last, First, Middle Initial)  President  Type  Milling Address Po Box 51272  City Milling Address President  Senate President  Candidate Name (Last, First, Middle Initial)  Purpose of Disbursement  Candidate Name (Last, First, Middle Initial)  Fill Name (Last, First, Middle Initial)  FRIENDS OF BENNIE THOMPSON  Mailing Address P.O. Box 100  P.O. Box 100  City State Zip Code X Primary General President X Primary General Disbursement To: 2010  Mailing Address P.O. Box 100  P.O. Box 100  City State Zip Code MS 39041  Purpose of Disbursement  Cardidate Name BENNIE G THOMPSON  Milling Address P.O. Box 100  Propose of Disbursement  Cardidate Name BENNIE G THOMPSON  Office Sought: X House Senate President A Primary General President Cardidate Name BENNIE G THOMPSON  Office Sought: X House Senate President Other (specify) ▼  Category' Type  Amount of Each Disbursement this Perior Category' Type  Amount of Each Disbursement To: 2010 Amount of Each Disbursement this Perior Category' Type  Category' Type  Other (specify) ▼	K MICHAEL CONAWAY  Office Sought:	
Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS  Mailing Address PO Box 51272  City State Zip Code TX 79710  Purpose of Disbursement  Candidate Name K MICHAEL CONAWAY Office Sought: X House President President State: TX District: 11  Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON  Mailing Address P.O. Box 100 P.O. Box 100  City State Zip Code TX Primary General Other (specify) ▼  Transaction ID: SB23.6169 Date of Disbursement   O 9 M / S 3 0 / Y 2 0 0 9 Y  Amount of Each Disbursement this Perior Type  Transaction ID: SB23.6171  Date of Disbursement this Perior Type  Transaction ID: SB23.6171  Date of Disbursement  O 7 M / S 3 0 / Y 2 0 0 9 Y  Amount of Each Disbursement this Perior Type  Transaction ID: SB23.6171  Date of Disbursement  O 7 M / S 3 0 / Y 2 0 0 9 Y  Amount of Each Disbursement  O 7 M / S 3 0 / Y 2 0 0 9 Y  Amount of Each Disbursement  O 7 M / S 3 0 / Y 2 0 0 9 Y  Amount of Each Disbursement this Perior Category/ Type  Office Sought: X House Senate President State: MS District: 02	Senate	
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Candidate Name K MICHAEL CONAWAY  Office Sought: X House Senate President State: TX District: 11  Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON  Mailing Address P.O. Box 100 P.O. Box 100  City State Zip Code MS 39041  Purpose of Disbursement  Candidate Name BENNIE G THOMPSON  Office Sought: X House Senate President  State: MS District: 02  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type	Midland TX 79710	
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BENNIE G THOMPSON  Office Sought:	Tulpose of Disbursement	1300.00
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and S for commercial purposes, other than using the			
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF CROF			
<u> </u>	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN			Transaction ID: SB23.6165 Date of Disbursement
	Mailing Address PO BOX 3197			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
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	Senate President	bursement For: 2010 Primary X General Other (specify) ▼		
	State: AR District: 01  Full Name (Last, First, Middle Initial)  FRIENDS OF JOHN THUNE			Transaction ID: SB23.6155 Date of Disbursement
	Mailing Address 224 NORTH PHILLII	PS AVENUE STE 210		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
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	Candidate Name JOHN THUNE		Category/ Type	
	χ Senate President	bursement For: 2010  X Primary General  Other (specify) ▼	1	
	State: SD District: 00  Full Name (Last, First, Middle Initial)  KING FOR CONGRESS			Transaction ID: SB23.6156 Date of Disbursement
	Mailing Address 126 Des Moines Stre P.O. Box 576	eet		07 D28 Y 2009
	City Odebolt	State Zip Code IA 51458		Amount of Each Disbursement this Period
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	Candidate Name STEVE MR. KING		Category/ Type	
	Senate President	bursement For: 2010  X Primary General  Other (specify) ▼	1	
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and the commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)  Full Name (Last, First, Middle Initial)  LATHAM FOR CONGRESS  Mailing Address P.O. Box 71  City State Zip Code	ITEMIZED DIS	BURSEMENTS	for each	category of the (	21b	22 X 23 24 25
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)  Full Name (Last, First, Middle Initial)  LATHAM FOR CONGRESS  Mailing Address P.O. Box 71 PO BOX 71  City State Zip Code IA 50525  Purpose of Disbursement  Candidate Name THOMAS P. LATHAM  Office Sought: X House Senate President State Zip Code AR 72403  Amount of Each Disbursement this P  Transaction ID: SB23.6161 Date of Disbursement this P  Category' Type  Transaction ID: SB23.6161 Date of Disbursement this P  Transaction ID: SB23.6161 Date of Disbursement this P  Transaction ID: SB23.6161 Date of Disbursement this P  Transaction ID: SB23.6157 Date of Disbursement  Transaction ID: SB23.6157 Date of Disbursement this P  Transaction ID: SB23.6160 Date of Disbursement this P  Transaction ID: SB23.6160 Date of Disbursement this P  Transaction ID: SB23.6160 Date of Disbursement						
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ITEMIZED DISBURSEMENTS	for each o	category of the Summary Page		Γ	check o	only o	ne) 22 <b>[</b>	Х	23	Γ	24		25		26
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